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ABSTRACT

This issue brief explores emerging efforts to meet the needs of infants and toddlers in low-income families. It highlights general strategies that states and localities can use to promote the healthy development of infants and toddlers in the context of promoting parental economic self-sufficiency. These strategies are illustrated with examples of state and local policies, programs, and partnerships that address access and quality issues related to infant and toddler care, stimulate strong and nurturing parent-child relationships, and also support low-income parents with very young children who are in or moving into the workforce. The brief concludes by providing a framework for initiatives addressing the needs of infants and toddlers in the context of welfare reform: (1) enhance the basic quality of child care for infants and toddlers throughout the community; (2) pay attention to nonprofessionals caring for babies; (3) build multi-disciplinary, community wide systems of care for infants and toddlers and their families, based on communities' existing resources; (4) develop programs to address the multiple needs of families with babies beyond enhancing parenting skills; (5) use TANF funding to support services for infants and toddlers in families receiving, transitioning from, or trying to avoid the need for cash assistance; and (6) create partnerships across systems and auspices. (EV)

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Children and Welfare Reform

Issue Brief 7

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Better Strategies for Babies:
Strengthening the Caregivers and Families of Infants and Toddlers

Elizabeth Gilman
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NATIONAL CENTER FOR CHILDREN IN POVERTY

National Center for Children in Poverty

1989–1999: A Decade of Work for Low-Income Young Children and Families

The National Center for Children in Poverty (NCCP) was established in 1989 at the School of Public Health, Columbia University, with core support from the Ford Foundation and the Carnegie Corporation of New York. The Center's mission is to identify and promote strategies that reduce the number of young children living in poverty in the United States and that improve the life chances of the millions of children under age six who are growing up poor.

The Center:

- Alerts the public to demographic statistics about child poverty and to scientific research on the serious impact of poverty on young children, their families, and their communities.
- Designs and conducts field-based studies to identify programs, policies, and practices that work best for young children and their families living in poverty.
- Disseminates information about early childhood care and education, child health, and family and community support to government officials, private organizations, and child advocates, and provides a state and local perspective on relevant national issues.
- Brings together public and private groups to assess the efficacy of current and potential strategies to lower the young child poverty rate and to improve the well-being of young children in poverty, their families, and their communities.
- Challenges policymakers and opinion leaders to help ameliorate the adverse consequences of poverty on young children.

Series Introduction

When the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was enacted, the National Center for Children in Poverty recognized that the law and its implementation would have a major impact on the health and development of young children living in poverty. In response, the Center established the Children and Welfare Reform Leadership Project to work with others around the country to promote the implementation of welfare reform in a child-friendly way.

The Project is based on a growing body of research that indicates that successful policies for families must take into account the needs of children when addressing the needs of parents and the needs of parents when addressing the needs of children. Although the primary focus of welfare reform has been to ensure that parents achieve economic self-sufficiency, welfare reform also has the potential to help or hurt children in three major ways: (1) by changing family income, (2) by changing levels of parental stress and/or parenting styles, and (3) by changing children's access to basic and specialized services and supports.

Building on this framework, NCCP has developed a series of issue briefs on children and welfare reform to explore how states and communities can achieve the adult-focused goals of welfare reform *and* enhance the well-being of young children. This issue brief explores emerging efforts to meet the needs of infants and toddlers in low-income families. It highlights five general strategies that states and localities can use to promote the healthy development of infants and toddlers in the context of promoting parental economic self-sufficiency. It illustrates these strategies with examples of state and local policies, programs, and partnerships that address access and quality issues related to infant and toddler care, stimulate strong and nurturing parent-child relationships, and also support low-income parents with very young children who are in or moving into the workforce.

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Better Strategies for Babies: Strengthening the Caregivers and Families of Infants and Toddlers
by Elizabeth Gilman and Ann Collins
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The early childhood field has known for decades that the quality of a child's early experience has a great impact on his or her growth and development. Recent research confirms that at no time in a child's life is the nature of the environment, and especially the earliest relationships, more crucial than during the infant and toddler years.[1]

At the same time, there is also increasing pressure for mothers with very young children to work. Thus, those responsible for policy and program efforts for babies and their families face a significant challenge: simultaneously providing healthy environments for infants and toddlers, promoting strong parent-child relationships, and supporting parents' ability to work.

This issue brief explores emerging efforts that aim to meet the needs of infants and toddlers in low-income families by: (1) addressing access and quality issues related to child care for infants and toddlers and (2) stimulating strong and nurturing parent-child relationships, while at the same time supporting low-income parents with babies (both infants and toddlers) who are currently in the workforce or who are moving into the workforce. (Although child health and nutrition are also very important, this issue brief does not address these topics.)

Specifically, the brief identifies the policy and program implications of the special needs of this age group. It describes opportunities and barriers presented by current policy and programs related to child care, early childhood development, and welfare reform. The issue brief outlines some approaches being explored by programs, communities, and states to assist families in ways that take into account families' needs, preferences, and working lives. It ends with a discussion of five key approaches to promoting the healthy development of infants and toddlers in the context of promoting family economic security.

The Family Context for Infants and Toddlers

Before approaching the policy and program issues for infants and toddlers and their families, it is essential to understand the family context in which many parents are struggling to meet their economic goals while attending to the needs of their babies. Currently, about half of the nation's infants and toddlers have working mothers. Among mothers who are not working and are receiving funds through the Temporary Assistance for Needy Families (TANF) program—the block grant to states created by the 1996 welfare reform law, many more are likely to be working in the near future because of rules governing time limits for cash assistance and requirements to work while their youngest children are still babies.[2] With the resulting increase in the number of mothers in the out-of-home workforce, more infants and toddlers will be spending significant amounts of time in some form of child care. Among families with working parents, care arrangements range from friends and family members (kith and kin), to family child care businesses, to child care centers. Approximately half of families with working parents are relying on relatives for their caregiving needs; the other half rely on the care of nonrelatives, including child care centers, family child care businesses, and friends.[3]

A significant number of families with working parents struggle to make ends meet. According to recent estimates, about 39 percent of children under age three live in poverty or near poverty.[4] Children considered to be "near-poor" live in families whose incomes are between 100 and 185 percent of the federal poverty line.[5] In 1998, that was $13,133 and $24,296 respectively for a family of three. About 12 percent of all children live in families who rely at least in part on public assistance; however, approximately 60 percent of children in poverty live in families who receive no cash public assistance.[6]

In addition, a small but significant number of children in poverty have special needs, related to disabilities among the children themselves or to the substance abuse and mental health issues of their parents. The effects of living in poverty bring increased stress to families, heightening the prevalence of substance abuse and mental health issues among low-income families.[7]

Key Policy and Service Challenges

There is universal agreement that babies need safe and stimulating environments, and nurturing relationships with parents and other caregivers, as well as access to health care and adequate food and nutrition. For low-income families with very young children, these universal needs are overlaid with stresses and complexities brought on by poverty. Policies and programs can either add to these burdens or provide families with needed supports to enhance babies' healthy growth and development.

Highlighted below are the policy framework and central issues related to improving and expanding child care available for infants and toddlers, promoting healthy parent-child relationships, and using welfare reform and low-income work to promote adult self-sufficiency.

Providing Safe, Nurturing, and Stimulating Environments for Babies While Parents Work

In the last decade, increasing numbers of infants and toddlers have entered child care while their parents work. This is particularly the case for children of low-income parents, who work out of economic necessity and some of whom are transitioning to work from welfare. Yet finding safe and nurturing child care for infants and toddlers can be a challenge. Researchers have noted that center-based infant and toddler care can be costly, difficult to find, and of poorer quality than care for older children.[8] Complicating the issue, a very high proportion of the babies of working parents are found in kith and kin child care—care in the homes of families, friends, and neighbors (also known as unregulated care, license-exempt care, or informal care).

Although child care quality has claimed considerable policy attention in the last decade, the focus until recently has been on creating a basic supply of growth-enhancing care and making it affordable rather than on the needs of specific age groups. Care for the very youngest children, those up to age three, however, requires special attention to meet their particular needs.

Subsidy Programs with State and Federal Funding

Because high-quality child care for infants and toddlers is more costly than care for older children, it is particularly difficult for low-income parents to afford. But it is also crucial. Families receiving cash assistance must comply with the TANF requirements and need access to child care to respond to time limits for cash assistance and to fulfill work rules. Many of those who have left cash assistance, or are at risk of soon needing this assistance, need subsidies to continue work.

With the passage of welfare reform legislation, a number of existing major federal child care subsidy programs for low-income families were combined into a new Child Care and Development Fund (CCDF).[9] States receive the funds, part of which are contingent upon them maintaining their own child care expenditure levels. They can also use a variety of other federal and state funds for child care services. The CCDF rules give states some discretion to make decisions about how to structure their subsidy programs. These include which low-income families should be eligible for the program, how much families receiving subsidies should be required to contribute (also called "copayments"), and how much providers who receive subsidies should receive (payment rates).

Families who receive help with child care subsidies must find caregivers for whom the total amount received (the state's payment and the families' contribution) is acceptable and who are willing to take state payments. In most states, parents are allowed to use most forms of care that are legal, but there are often special additional rules for caregivers in order to receive subsidies. How well the child care subsidy supports working parents, therefore, depends on many factors, including the degree of generosity of the total payment, the financial burden on the family of the copayment, and the level of complexity of administrative procedures. Even if the subsidy system is working optimally, families who are seeking regulated child care for babies also face difficulties because of a reported shortage of such care in many communities.[10]

Investments to Build and Expand Quality Infant and Toddler Child Care Systems

Through special set-asides and earmarked funding, the CCDF provides states with some resources to improve the quality or expand the supply of child care. Some of this funding has been targeted specifically to expanding the supply and improving the quality of infant and toddler child care, and much more can be used for these purposes at states' discretion. States have used these funds in a variety of ways, including providing training and technical assistance, increasing provider compensation, distributing materials and equipment, and recruiting new child care providers.[11]

State Child Care Regulations for Infants and Toddlers

For some child care settings, states use regulations to ensure that infants and toddlers are cared for in safe and healthy environments. (It is important to keep in mind, however, that many families use kith and kin providers, and these providers often are not subject to regulation.) Regulations for infant and toddler settings address such issues as health and safety requirements, provider/child ratios and group sizes, and training and education required of caregivers. Child care experts recommend that for infants, an acceptable staff-to-child ratio is one to three and group size should not exceed six to eight infants.[12] Although states are showing a greater concern for child care quality, the overall child care regulatory standards in 30 states are still so inadequate as to be rated "poor" in a recent study.[13] For example, only 17 states have regulations within a "minimally acceptable" range to ensure children's health and safety. A 1997 survey by Wheelock College revealed that 19 states did not regulate group size for infants and toddlers, although some were considering regulation. In comparing 1997 state regulations with those of 1986, the survey found some improvement in the area of infant-staff ratios: more states set a maximum ratio of three to one or four to one. Less improvement was noted for toddler ratios.[14]

Related Issues

The child care policies and initiatives discussed above each attempt to address quality, affordability, or availability. However, to date; knowledge of the best ways to simultaneously enhance the quality of infant care, help parents with the type of care they believe is best for their babies, and make such care affordable and available remains elusive. A better understanding of the complex interactions between family characteristics, child care markets, and the way that policies influence those markets is needed. Three important issues need to be addressed in formulating infant and toddler child care policies:

1. *Inadequate quality*. Recent outcome studies have shown that infants and toddlers are at particular risk from low-quality child care and reap significant benefits from high-quality care.[15] Ensuring good settings for very young children is key to providing children with an adequate foundation both for later learning and for emotional well-being. Thus it is especially important to find ways to ensure quality for these very young children. Yet the quality of care for infants and toddlers, regardless of the type of setting, is likely to be lower than care for other age groups.

   The Cost, Quality, and Outcomes Team study of child care centers in 1995 revealed that almost half of the observed infants and toddlers were in settings with less than minimal standards for health, safety, learning, and caregiver relationships.[16] Only eight percent of the infant centers were rated "good' or "excellent." In their study of family and relative care, Families and Work Institute found that much of family and relative child care was either only adequate or inadequate.[17]

2. *Higher cost of infant care*. Despite the overall lower quality of infant and toddler care, this care is by far the most costly, and regulated care is in scarce supply. For example, average monthly costs for regulated infant care in centers or family child care homes typically range as high as 30 to 50 percent of the income of a family living at the poverty level, depending on the state of residence.[18]

3. *Kith and kin child care*. Infants and toddlers are more likely to be found in home-based settings than are children in other age groups. For example, nearly 50 percent of infants under age one with employed mothers are cared for by relatives.[19] Only 18 per-

cent of children under age one receive care in an organized child care center or preschool. For very young children, families are more likely to chose care by a person known to them: relatives, friends, and neighbors.[20] These arrangements are more likely to be unregulated.[21] Research tells us very little about the quality of "kith and kin" settings and the ways in which such caregivers can be supported to enhance environmental safety, nurturing, and stimulation for babies. In addition, efforts to provide children in regulated child care with nutrition, health screenings, and other supports miss a large proportion of infants and toddlers.

Promoting Nurturing Parent-Child Relationships

Throughout the country, the 1990s were marked by a growing interest in promoting the healthy development of infants and toddlers, through efforts to encourage nurturing parenting and to link families with needed services and supports. Many families with infants and toddlers who are or will be affected by welfare reform are involved in child development and family support programs, and many such families have trusting relationships with program staff. This means that comprehensive child development programs are often in a unique position to help parents and their young children address the challenges associated with welfare-related changes in their lives.

Early Head Start

In 1995, in an effort to meet the multiple needs of low-income families with infants and toddlers, the Administration of Children, Youth, and Families (ACYF) launched Early Head Start. This program, now in 500 communities, is a comprehensive, two-generation effort that provides intensive prenatal services and concentrates on enhancing child development and supporting strong parent-child relationships during the child's first three years. The family-based, comprehensive approach of Early Head Start is expected to influence positively the quality of care young children receive.

Early Head Start Services

Early Head Start Services are designed to bolster the strengths and address the needs of individual families. Among the services offered are:

- **Quality early education in and out of the home;**
- **Home visits, especially for families with infants;**
- **Parent education, including activities for parent and child;**
- **Comprehensive health services, including care before, during, and after pregnancy;**
- **Nutrition services;**
- **Ongoing support for parents through case management and peer support.**

Source: U.S. Department of Health and Human Services, Administration for Children and Families. (1998). *Early Head Start fact sheet.* Washington, DC: U.S. Department of Health and Human Services.

State Efforts for Infants and Toddlers

As of 1998, 24 states were funding at least one statewide program for infants and toddlers.[22] In the two years after the passage of PRWORA, ten states initiated new statewide programs for this age group. In five of these states (Colorado, Indiana, Minnesota, Nevada, and Rhode Island), no such programs existed previously.

The program and policy strategies for babies in the 24 states varied widely. They included supplementing Early Head Start with state funding, providing screening and initial home visits to parents with newborns to encourage prenatal care and support well-baby care, developing comprehensive programs for high-risk infants and toddlers and their families, and using parenting education and family support strategies to strengthen infant-parent relationships. Funding levels for the initiatives also ranged widely, from under $1 million to over $31 million.

Related Issues

Many programs do not take into account that parents are working or being affected by welfare rules. There are, however, emerging examples of programs serving infants and toddlers that are helping families meet work requirements, adapt to new patterns of work and family life, and strengthen parenting.[23] There is also some evidence that families often turn to child care providers for emotional support and guidance about childrearing, particularly from family child care providers.[24]

Moreover, while recipients of TANF funds are by no means a homogeneous group, many families in poverty experience barriers to employment that are also threats to their well-being, including health and mental health problems, substance abuse, physical abuse and domestic conflict, and unsafe communities.[25] Yet while staff often identify these parents, they are not always sure how to help them.[26] In fact, some of the problems affecting the ability of mothers and fathers to find or sustain employment may also affect their childrearing capacity.[27] This knowledge is highly relevant to program design efforts.

Meeting Work Requirements for Low-Income Families Under Welfare Reform

Welfare reform abolished the Aid to Families with Dependent Children (AFDC) program, which permitted families in poverty to receive assistance without time limits. The TANF program requires adult recipients to work after receiving assistance for 24 months, or less at individual state option.[28] After 60 months, however, TANF funds may not be used to provide assistance. By 2002, 50 percent of all families receiving assistance must be working. (States are permitted to shorten these time limits.)

The TANF program permits states to require work participation of mothers whose youngest child is under age one, and 22 states have opted to do so. Many of these states require mothers to meet TANF work regulations when their infant reaches an age ranging from three to six months. Most of the other 28 states require TANF recipient parents to begin work or to prepare for work when their children reach age one.

In addition to having the discretion to decide when a mother should be required to participate in work activities, the PRWORA gives states flexibility in many other areas. As a result, there is considerable variation among the states with regard to the stringency of work requirements, time limits, financial incentives to work, benefit levels, and sanctions.

Many families with infants and toddlers who are receiving TANF are working even when their state does not have explicit work participation requirements for families with very young children. For instance, Illinois and Maryland do not require parents with children under age one who are receiving TANF to work. In Illinois, the number of infants and families currently or formerly on TANF with infants (under age one) who were using child care subsidies rose 27 percent between December 1997 and December 1998. In Maryland, the number of these infants grew 63 percent.[29] In both states, children up to age three comprised 24 percent of the subsidy caseload of families who were currently receiving or had once received TANF.

States That Require Mothers Receiving TANF to Participate in Work Activities Before Youngest Child Reaches Age One

Arkansas	Nebraska
California	New Jersey
Colorado*	North Dakota
Delaware	Oklahoma
Florida	Oregon
Hawaii	South Dakota
Idaho	Tennessee
Indiana	Utah
Iowa	Vermont
Michigan	Wisconsin
Montana	Wyoming

* Exemption set at the county level.

Source: Knitzer, J. & Page, S. (1998). *Map and track: State initiatives for young children and families, 1998 edition*. New York, NY: National Center for Children in Poverty, Columbia University, Joseph L. Mailman School of Public Health.

Related Issues

Families who have low incomes, are receiving TANF, or are transitioning from TANF seek work out of economic necessity. Their employment tends to include few benefits, and their work schedules frequently involve nontraditional and unpredictable hours. Especially among very young parents, lack of education and poor job skills often limit efforts to obtain employment that is stable and reasonably well paid.[30] Often, the parents are forced to take a shift during times when center-based or other child care is not readily available. They also often have difficulties with transportation to the new work site, especially when travel to a child care setting must also be included. Thus the work lives of these families have large implications for programs that strive to promote strong and nurturing parent-child relationships and high-quality child care.

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New Research on Infant Care Policies Under Welfare Reform

Recognizing that the changes to state regulatory frameworks and funding systems will have an impact on the supply and demand for infant and toddler care, as well as on the characteristics of that care, the Office of Planning, Research, and Evaluation of the Administration of Children and Families, U.S. Department of Health and Human Services, has undertaken a major study of infant care under welfare reform, conducted by Mathematica Policy Research, Inc.

This research focuses on three main issues:

- **Policies, programs, and strategies states are using to arrange infant care and transition parents of infants off welfare;**
- **Ways these parents are meeting their child care needs and balancing their work and family responsibilities;**
- **Availability of quality infant care and its impact on parents' ability to meet TANF program work requirements.**

Examples of Programs and Initiatives that Address the Needs of Infants and Toddlers in Low-Income Families

Numerous organizations and agencies on the state and community level address issues related to low-income families with infants and toddlers, either through a multifaceted, comprehensive approach or through provision of particular services, such as child care. These agencies include state departments of education, public health, and social services, as well as child care resource and referral (CCR&R) agencies, and school and community-based family support programs. In a growing number of states and communities, public-private partnerships have formed to implement comprehensive programs for very young children and their families.[31]

Within many communities, there is often a wide range of services and supports that are available to at least some families, but it is nearly always up to the families to put them together for themselves. This becomes a particular challenge when program goals, eligibility rules, program hours, and other requirements are at odds with one another.[32] One major gap and equally significant opportunity for important connections exists between those efforts aimed at bringing parents into the workforce and those focused on enhancing the healthy development of infants and toddlers.

However, a number of programs, agencies, and institutions in communities and states *are* working on one of two related tracks that will improve services and supports for infants and their families in the context of welfare reform. The first cluster of efforts addresses the child care needs of families with babies whose parents are working or participating in work-related training. These programs and initiatives attempt to address the fact that infants and toddlers are cared for in a wide spectrum of settings and that many of these settings are of poor to mediocre quality. The second set of strategies is based in family support and child development programs and include but move beyond addressing child care needs to additional work and family issues for these families, or for a subset of families with infants and toddlers who are at risk of poor developmental outcomes. A number of these programs and initiatives are highlighted in this issue brief. Of special note is the Massachusetts Infant-Toddler Initiative, because of its multidisciplinary and cross-system approach to enhance training and develop leadership.

The programs and initiatives described below are examples of ways in which policymakers and program operators have begun to build connections within and between child care, parent-child programs, and welfare reform initiatives. Many are tackling the issues that arise when addressing the multiple needs of families affected by welfare reform. These examples are by no means exhaustive, nor does any individual approach effectively put *all* the pieces together for low-income families with babies. What is described does, however, provide the beginnings of a vision in which the parents of infants and toddlers are supported in their dual roles as wage earners and parents. In this vision, babies have the early experiences that research shows are so crucial to their lifelong healthy growth and development. The examples also point to some concerns that arise along the way, when the goals and frameworks of programs to serve children do not always mesh well with those designed to move families into the workforce, and the implications of these challenges.

Examples of Efforts to Address the Needs of Infants and Toddlers in the Context of Welfare Reform

Improving Child Care for Infants and Toddlers Across All Settings

- **The Kith and Kin Projects**, New York, New York and California

  Goals: To enhance the quality of care by kith and kin providers, to offer such providers information about economic opportunities in the child care field, and to strengthen the capacity of community organizations to work with these caregivers.

  Program Type: Training and support groups for kith and kin caregivers.

  Funding: Private foundation support.

  Focus on Infants and Toddlers: No direct focus, but infants and toddlers are included among the children cared for by program participants.

  Initiative Location: Community organizations in the Bronx and Brooklyn, New York City, and in five Northern California communities.

  Auspice: A partnership between a university, a child care resource and referral agency, and community agencies.

- **Circles of Caring**, Los Angeles County, California

  Goals: To develop comprehensive strategies for support of child care in low-income communities using partnerships between child care resource and referral and community development agencies; to train exempt and existing licensed family child care providers and help potential providers become licensed; to strengthen linkages between all forms of child care and local community organizations and agencies.

  Program Type: Training and support for kith and kin caregivers.

  Funding: Combination of private foundation and state support.

  Focus on Infants and Toddlers: No direct focus, but infants and toddlers are included among the children cared for by program participants.

  Initiative Location: Four low-income communities in Los Angeles County, California

  Auspice: A partnership between a college, child care resource and referral agencies, and community-based agencies.

- **California's Plan to Increase Infant and Toddler Child Care**

  Goals: To recruit and train new and existing providers; develop local and regional infrastructures to plan for and support increasing the supply and quality of infant/toddler services, including toddlers with disabilities; and create infrastructures to support training and technical assistance on how to develop and implement high quality infant/toddler center and family child care programs.

  Program Type: Training and community-level planning and resource building.

  Funding: Federal and state support through the Child Care and Development Fund and other sources.

  Focus on Infants and Toddlers: Direct focus, primarily within regulated child care settings.

  Initiative Location: Statewide initiative to be implemented in communities.

  Auspice: A partnership between the California Department of Education, WestEd, and a variety of community-based organizations, including child care resource and referral agencies.

Using Early Childhood and Family Support Programs to Address the Work-Related Needs of Low-Income Families

- **Pittsburgh Early Head Start**, Pittsburgh, Pennsylvania

  Goals: To bolster the strengths and address the needs of low-income families with infants and toddlers through providing multiple supports related to parenting, child care and early child development, support for working parents, and connections to other services.

  Program Type: Multi-service home-visiting program.

  Funding: Federal Early Head Start funding.

  Focus on Infants and Toddlers: Exclusive focus.

  Initiative Location: Four centers in three communities in Pittsburgh.

- **Maternal and Infant Health Outreach Worker Program (MIHOW)**, Arkansas, Kentucky, Tennessee, and West Virginia

  Goals: To connect maternal and child health to community development.

  Program Type: Home-visiting program using paraprofessionals.

  Funding: A combination of state and private foundation support.

  Focus on Infants and Toddlers: The program targets mothers of newborns.

  Initiative Location: Eighteen grassroots organizations in low-income Appalachian and Mississippi Delta communities recruit and sponsor local mothers.

- **Every Child Succeeds**, Hamilton County, Ohio

  Goals: To foster the healthy development of infants and toddlers who live in families that receive or are at risk of receiving TANF cash assistance.

  Program Type: Home-visiting program for new mothers.

  Funding: A combination of TANF dollars with other support.

  Focus on Infants and Toddlers: The program targets new mothers.

  Initiative Location: Countywide.

- **Friends of the Family**, Maryland

  Goals: To establish preventive supports for families through the early years.

  Program Type: Family support services delivered through community-based family resource centers.

  Funding: Federal and state funding augmented by local support.

  Focus on Infants and Toddlers: Not exclusively targeted to these families.

  Initiative Location: Statewide.

- **Infant-Toddler Initiative**, Massachusetts

  Goals: Assess gaps and duplications in services and supports for infants, toddlers, and their families; assess needs and promote a consistent level of high-quality supports, services, and programs for a family-centered perspective; develop a statewide strategic plan and establish comprehensive service supports that build on appropriate linkages.

  Program Type: Cross-system community level needs assessment, infrastructure and leadership development, and training activities.

  Funding: Combination of funding.

  Initiative Location: Statewide in Massachusetts. Some additional activities in other New England states.

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Improving Infant and Toddler Child Care in Multiple Settings

Improving the quality of child care is a necessary component of a system of supports for low-income parents of infants and toddlers. Although many aspects of child care continue to be evaluated, it is clear that outcomes for young children improve as the quality of care increases.[33] Given that infants and toddlers are cared for in a variety of settings, some promising new programs address the need for high-quality care regardless of where children are placed.

Some of the activities in this area are described in NCCP's Children and Welfare Reform Issue Brief 5, *Child care by kith and kin—Supporting family, friends, and neighbors caring for children.*[34] The three highlighted here provide services in partnership with other community agencies to address the needs of friend and relative caregivers. They include, but are not limited to, caregivers who would like to move on to have a career in child care. Many of the initiatives are located in low-income communities that are experiencing the effects of changes in the welfare system.

STRATEGY: Supporting Kith and Kin Caregivers Through a Partnership Between Child Care, Family Support, and Community-Serving Agencies

The Kith and Kin Projects in New York City and Northern California
The Institute for a Child Care Continuum (formerly The Center for Family Support)
Bank Street College of Education
New York, New York

The Institute for A Child Care Continuum created the Child Care and Family Support Partnership in 1997. A collaboration of five agencies—the Institute; Child Care, Inc., a child care resource and referral agency; and WHEDCO, Aquinas Housing Corporation, and CAB, three community-based organizations, the project had three primary goals: (1) to improve the quality of care that children received from kith and kin caregivers; (2) to provide caregivers with information about economic opportunities in child care; and (3) to enhance community organizations' capacity to meet their residents' child care needs.

The project consisted of four components. One was a series of six focus groups with 49 caregivers in two neighborhoods in the South Bronx and one in Brooklyn to learn more about their characteristics, the nature of the child care arrangements, and the caregivers' interests and needs.[35] The Institute used the results of the research to develop a Train-the-Trainer curriculum and 30-hour course for staff who work directly with caregivers. After the staff from the community organizations completed the training, which was offered jointly with Child Care, Inc., they began to implement the program.

Because caregivers in the focus groups had indicated that they wanted to meet together informally to discuss child care issues, support groups were the primary program strategy. Each agency was expected to offer three 12–14 week cycles of support groups for 15 caregivers. The Institute provided technical assistance through monthly site visit consultations to the individual programs and joint staff meetings.

The Institute documented the project through data collection on the caregivers' characteristics, the child care arrangements, participation rates, and exit interviews. The results pointed to some modest successes. Twenty caregivers had begun or completed the process of registering as family child care providers. In exit interviews, nine caregivers indicated that they had learned new information about supporting children's development and that they were using new activities with children. Some had acquired books for children and had begun to read to them more often.

In 1998, the Institute also initiated work with kith and kin providers in California with two community-based organizations—the Salinas Adult School and the San Mateo Child Care Coordinating Council. The components of the California project mirrored those of the New York project. During the summer it conducted eight focus groups with 52 kith and kin caregivers in five communities—Watsonville, Salinas, East Palo Alto, Redwood City and San Mateo.[36] Later that fall, it trained the staff of the three community organizations with the curriculum developed in New York. The community partners also are in the process of holding support groups

for kith and kin caregivers, which began in the fall of 1999. The outcomes from the first round of California support groups paralleled those in New York.

In January 1999, the Institute joined with the New York City Enterprise Foundation, Child Care, Inc., and the three community organizations in a year-long kith and kin caregiver project that differs from the New York and California efforts in several respects. In this phase of the project, the community organizations are expected to offer 18 hours of family child care training for prospective family child care providers along with the 12–14 weeks of support groups for those caregivers who are not interested in becoming professionals.

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STRATEGY: Engaging Kith and Kin Providers Within a Larger Framework of Community-Based Approaches for All Child Care

Circles of Caring and California Child Care Initiative Project
Pacific Oaks College, in partnership with Enterprise Child Care and the California Child Care Resource and Referral Network
Los Angeles County, California

Working in four low-income communities in Los Angeles County, the Circles of Caring project strives to create multifaceted, community-based support systems to stabilize and improve the quality of existing child care and to help new providers start high-quality, sustainable businesses. A specific focus is to support and train informal, license-exempt caregivers. The projects are being carried out through local partnerships between community development organizations and child care resource and referral agencies serving the communities of Highland Park, east Los Angeles, south central Los Angeles, and the community of Pacoima in the San Fernando Valley. Pacific Oaks College provides technical assistance and support to the local projects. This is one of several local adaptations of the ongoing Child Care Initiative Project of the California CCR&R Network. Through the Initiative, every $2 from the Enterprise Foundation is matched with $1 from the California Department of Education.

Circles of Caring grows out of the need for a well-planned, coherent, community-based approach to the development of child care; it is expected to yield models to guide program development in community-based agencies and new knowledge about the special issues in working with kith and kin caregivers. The broad goals for each local project are:

- To develop comprehensive strategies for support of child care in low-income communities;
- To build partnerships between CCR&R agencies and community development agencies;
- To train exempt and existing licensed family child care providers and to help potential providers become licensed; and
- To strengthen linkages among all forms of child care and local community organizations and agencies.

To meet these goals, local projects will convene small groups of exempt providers to determine their needs and interests in training and support and to facilitate the emergence of culturally relevant lessons and services to meet their needs. Projects will also offer a training series based on published materials from the Child Care Initiative Project and build informal support networks among providers. Parent liaisons based in the community development organizations will reach out to assist parents with their child care choices, including access to CCR&R services and child care subsidies. Liaisons will also guide potential providers to the project's services and other resources, including the training and demonstration programs of the Program for Infant and Toddler Caregivers, described below. Each local CCR&R agency will have a staff person dedicated to the project.

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STRATEGY: Working to Develop Community Linkages

California's Infant and Toddler Initiative to Increase Infant and Toddler Child Care
California Department of Education
Child Development Division

The latest installment of the plan of the Child Development Division of the California Department of Education (CDD) to expand the supply and enhance the quality of child care and development services for California's youngest children builds on more than a decade of work. The new focus is on strengthening local structures to deliver training and support a wide range of providers. With its longtime partner, WestEd, CDD is creating local structures to extend and sustain the reach of the Program for Infant and Toddler Caregivers (PITC), California's comprehensive, high-quality, multimedia training system for center-based and family child care providers. New training on inclusion of infants and toddlers with disabilities in child care settings is also available to the state's certified PITC trainers. Through its established relationship with the Child Care Initiative Project, which works through local CCR&R agencies, CDD is working to increase the supply of family child care for infants and toddlers in counties with the greatest unmet need. CDD's plan also strengthens an important piece of the statewide infrastructure by including an infant/toddler specialist with the child development and mental health specialists answering calls to Healthline. This health information line responds to inquires from potential, new, and existing center and family child care providers—including those exempt from licensing.

The goals of the initiative are: to recruit and train new and existing family child care and center-based infant/toddler providers; to develop local and regional infrastructures to plan for increasing the supply and quality of infant/toddler services; to develop local and regional capacity to support child care and development services to infants and toddlers with disabilities; and to create local and regional infrastructures to support training and technical assistance on how to develop and implement high-quality infant/toddler center and family child care programs.

In order to meet these goals, CDD and WestEd offered training sessions for local planning groups from all counties in the state on the completion of local infant/toddler capacity plans. Participating in these sessions were local infant/toddler program administrators, family resource center staff, local child care council staff, child care resource and referral staff, and others. Critical topics include brain research and implications of research findings for administrative policies; results of national studies of child care quality; and program practices and caregiving strategies that support optimal infant/toddler development. Outreach sessions will be held this year with groups from the most underserved areas to assist them with further development and implementation of their local capacity building plans. Ten new regional training coordinators will support PITC graduates in the provision of training at the local level through a new stipend program and reach out to new and existing infant/toddler providers. Regional coordinators will also oversee training and observations being established at six new PITC demonstration programs at community colleges. Local programs like Circles of Caring, described above, will connect to PITC and its model programs through these coordinators. California currently has about 200 certified trainers and another 250 in the process of becoming certified. The state has expanded trainer-of-trainers institutes to prepare additional PITC trainers and has made $1 million available in stipends for certified graduates to provide onsite technical assistance and training to child care centers and to small groups of family child care providers. To participate in the stipend program, providers must complete a self-assessment of technical assistance and training needs and develop a plan with the designated PITC trainer. WestEd is developing a system for evaluating the effect of the stipend program through pre- and post site reviews.

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Using Child Development and Family Support Programs to Address the Work-Related Needs of Low-Income Families

Another set of opportunities to address the needs of families with babies affected by welfare reform comes through existing networks of programs designed to support families, strengthen parenting, and provide high-quality early development experiences to infants and toddlers. Many of these programs are located in communities where disproportionate numbers of families are receiving cash assistance, and they increasingly find themselves working with families where parents are newly entering the workforce or required to participate in work activities as a condition of receiving their welfare checks. As a consequence, these programs are seeing increasing numbers of the families they serve deal with child care issues, adult training and employment issues, and the stresses that come with managing work and family, which can be especially intense for single-parent families. We highlight here some ways that individual programs as well as state and community initiatives are working through the existing network of parent and family supports to address the multiple needs of babies and their families.

STRATEGY: Reaching Out to All Caregivers and Supporting Parents' Work

Pittsburgh Early Head Start
University of Pittsburgh
Office of Child Development
Pittsburgh, Pennsylvania

The University of Pittsburgh's Office of Child Development operates the Pittsburgh Early Head Start program at four centers in three diverse communities. This is a home-visiting program, supplemented by group activities, serving 140 pregnant women, infants and toddlers. Child development services focus on working with parents to improve their interactions with their children. Across the four centers, the program serves mainly African-American and white families headed by single parents, two-thirds of whom were receiving cash assistance when they enrolled in the program. In addition to helping parents enhance their children's development, the program staff support families by helping them apply for jobs, connecting them with other service providers, assisting them with social service applications, and providing other supports as needed. Each family has regular contact with a team composed of a family advocate, a child development specialist, a family development specialist, a nurse, and a community organizer. Each member contributes to the family's needs assessment and to developing the family's Individual Family Partnership Agreement. This plan is developed over a period of several months and is updated every six months.

Currently, about half of the enrolled families are using child care, the majority of them using care by relatives and neighbors. While families are enrolled in the program, Pittsburgh Early Head Start works closely with their child care providers, no matter what type they are, to implement specific child development plans. For regulated child care, some of the activities include entering into collaborations with providers, completing assessments using the Infant and Toddler Rating Scale or Early Child Development Environmental Rating Scale, and developing and implementing Individual Quality Enhancement Plans with providers.

To support the development of children being cared for by relatives, friends, and neighbors, which represent the majority of children using child care, home visitors serve as a liaison between parents and child care providers, trying to strengthen that relationship. In addition, they visit children in relative and neighbor child care, using many of the same family support strategies used with the children's immediate families. The Early Head Start program is also collaborating with the local child care resource and referral agency to provide these caregivers with toys as well as training in CPR, first aid, and child development. The program is using resources and materials as incentives to encourage these relatives and neigh-

bors to participate in the training and to work with the Early Head Start program.

The program has undertaken a number of responses to the impact of welfare reform on the families enrolled in their program, in addition to the comprehensive approach to helping families best meet their child care needs. To prepare staff to work most effectively with these families, the program holds periodic all-staff training sessions on both welfare and mandated Medicaid managed care. To help staff from becoming demoralized by the limited options available to families, they have increased supports to staff. To accommodate family work schedules, staff have adjusted their hours.

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STRATEGY: Exploring How Child Development and Family Support Programs Can Help Families Affected by Welfare Reform

Maternal and Infant Health Outreach Worker Program (MIHOW)
Center for Health Services
Vanderbilt University
Memphis, Tennessee

The MIHOW project of Vanderbilt University Center for Health Services is designed to connect maternal and child health services to community development through paraprofessional home visitors. MIHOW is a community-based education and outreach program that improves health and child development in low-income rural families. Each of the 18 MIHOW programs is sponsored by a local grassroots agency that recruits local mothers as paraprofessional outreach workers. After training, these women become paid home visitors to pregnant women and families with young children, providing health and child development education, support for healthy lifestyles, positive parenting models, and advocacy with health and social service systems. MIHOW programs exist in many low-income communities in Appalachia and the Mississippi Delta.

A high percentage of the families who participate in MIHOW rely, or have recently relied on cash assistance and have *not* participated in welfare-to-work programs. With the advent of welfare reform, both the MIHOW mothers and home visitors are facing many critical issues, including beliefs about parents' dual roles as wage earners and mothers, concerns about the quality of child care, as well as the lack of employment and transportation options.[37] To understand the impact of welfare reform and the ways in which the MIHOW program could help families with infants and toddlers address these issues, the Center for Health Services conducted a survey of staff from eight of its sites.

The survey found that in four of the eight surveyed programs, few of the mothers currently receiving benefits understood welfare-to-work rules. At the time of the interviews, about one-third of the MIHOW mothers had extended part-time or full-time job experience (including 20 percent of MIHOW mothers who were currently involved in education and training programs). The remaining two-thirds were not enrolled in school or a job training program and have no significant work history.[38]

Like the families engaged in its programs, MIHOW also faces challenges: how to remain true to the relationship-building and health education roots of the program, while helping families meet welfare requirements. Consequently, in response to the survey, the program has begun a series of dialogs among home visitors and administrators to determine the best strategies for incorporating support for mothers returning to work while preserving the original components of the program. Initial steps include revising the home-visiting curriculum, training to address pertinent welfare-to-work issues such as finding quality child care, balancing work and family responsibilities, and building self-esteem.

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STRATEGY: Using TANF Funding for Countywide Home-Visiting Program for First-Time Mothers of Newborns

Every Child Succeeds
Hamilton County, Ohio

Hamilton County encompasses Cincinnati and much of the surrounding metropolitan area and has a population of about 850,000. The county's TANF program is state-supervised and county administered. The county has some flexibility in deciding how to develop the individual components of the TANF program and how these components should be connected with other services for children and families. A significant number of families with newborns in the country have low incomes and the need for services and support is great. One indication of this: 40 percent of the births in the county are paid for through Medicaid.

Seeing an opportunity to provide additional services to low-income families with infants and toddlers who are affected by welfare reform, the county uses part of the state's surplus funding to fund Every Child Succeeds. The goal of the program is to foster the healthy development of infants and toddlers who live in families who receive or are at risk of receiving TANF funds.

Every Child Succeeds is a home-visiting program universally available to low-income families. The first recruitment is through Children's Hospital, a public, urban hospital. During an initial visit to a new mother of a newborn, the home visitor assesses the need for and the mother's receptivity toward further visits. The program provides regular visits until the child reaches age three if there is need and interest. Services include well-baby care, parent training and guidance, and service coordination. The services are being made available in the nine-county metropolitan area; Hamilton was the first to fund Every Child Succeeds and to implement services.

Every Child Succeeds uses TANF funds to pay for services for TANF families in cases where such services are deemed necessary for the family to move toward economic security. The county offers these services as part of its responsibilities laid out in individual contracts signed by TANF participants and the county. Because they are services offered, and not services in which participation is mandatory, a family that drops out of the program is not subject to TANF sanctions. This arrangement makes it possible to encourage mothers to participate using incentives rather than punishments.

Every Child Succeeds is not limited to families on TANF. Another source of funding available to counties in Ohio, Prevention, Retention, and Contingency (PRC) funds, are used to provide services to non-TANF, low-income families. These flexible TANF funds are reserved for families "at-risk" of needing aid, for those who have left TANF, or for others as the county determines.

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STRATEGY: Using State Network of Family Support Centers to Help Families Facing Welfare Challenges

Friends of the Family, Inc. and Maryland Family Support Centers
Baltimore, Maryland

A statewide program since 1993, Friends of the Family, Inc., coordinates Maryland's network of community-based Family Support Centers (FSCs). The FSCs began in 1986 in an effort to establish preventive supports for children during their early years. The lead agency is the Maryland Department of Social and Health Services. The FSCs are operated as public/private partnerships through grants to local public and private nonprofit agencies. They serve young parents with children up to age three and are located in neighborhoods where there are high concentrations of pregnant and parenting adolescents, low-birthweight babies, low-income and unemployed families, and high

school dropouts. Partnerships are encouraged among families, service providers, family support networks, tribal governments, and state and county agencies.

The FSCs are designed to enhance the development of infants and toddlers and to provide services to the family according to the family's priorities, concerns, and resources. Family support is provided with the goal of promoting healthy child development. The project expands, coordinates, and improves existing early intervention services in the state. Recently, the program has focused on removing major barriers to employment—lack of transportation and lack of access to child care—and on supporting families in their efforts to pursue and sustain education and employment.

Core services of Friends of the Family include parenting education, child care services for infants and toddlers while parents attend center activities, health education and referrals, educational and employability services, recreation services for parents and children, service coordination with other agencies, developmental assessments and remediation services for children, advocacy, short-term counseling on site (and referral to other agencies for longer-term services as needed), adolescent pregnancy prevention services, and in-home services. The program offers drop-in services as well as structured classes and groups. Some centers have expanded their scope and added additional services such as substance abuse prevention and education and support groups for special populations. Family resource coordinators are used to enhance access to intervention and other services for infants and toddlers and their families.

Maryland's welfare reform programs are being implemented with a higher level of local autonomy than they were in the past. The effects of more local decision-making, coupled with differences among communities, mean that individual Family Support Centers must craft their own approaches to address welfare reform's effects on the families they serve. For some families, the state allows participation in programs offered by the FCSs to count towards TANF work requirements. However, the county departments of social services do not uniformly count this participation. In addition, the Family Support Centers have been differentially affected by welfare changes; some of the programs have high percentages of families receiving cash assistance, while in other programs the percentage is very low.

Program directors meet on a periodic basis and spend part of their time together sharing information about promising strategies, potential new resources, and concerns about specific policies and their implementation. Some of the individual programs have found ways to obtain the additional funding necessary to help address the needs generated by welfare changes. For instance, one program found support to enable it to become a licensed child care facility so that children could be cared for on-site while their parents worked. Another program offered free home safety inspections, and through that initial contact has involved families in support groups as they undertake the complicated transition between welfare and work. Other programs have attempted to provide hard-to-serve families with remedial education, but found it more challenging than anticipated. Despite imminent risk to these families of losing cash assistance, the program found that expectations for participants needed to be scaled back. The FSC and its county collaborator are now planning to provide remedial education with objectives more in keeping with the hard-to-serve families' strengths and needs. Universally of concern to the FSCs is the low usage of Medicaid and other supports to families in the work-force, such as food stamps and child care subsidies.

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STRATEGY: Enhancing Cross-System Training and Leadership for Professionals Working with Infants, Toddlers, and Their Families

Massachusetts Infant-Toddler Initiative
Executive Office for Health and Human Services
Boston, Massachusetts

The Massachusetts Infant-Toddler Initiative is a statewide collaborative project whose mission is to assess current services for children ages three and younger and their families and to develop a comprehensive plan for the future of these services. The goals are to: (1) assess

gaps and duplications in services and supports for infants and toddlers and their families; (2) determine needs and promote a consistent level of high-quality supports, services, and programs from a family-centered perspective; and (3) develop a statewide strategic plan and establish supports for a comprehensive service system that builds upon appropriate linkages. The project operates out of the Massachusetts State Executive Office of Health and Human Services; its members include the Departments of Public Health and Education, the Office of Child Care Services, and Head Start, as well as institutions of higher education, numerous community providers, private foundations, and public and private advocacy organizations. A wide range of other stakeholders is involved, including agencies, legislators, service providers, and consumers.

As its first major step, the Initiative collected data on services and supports for Massachusetts' infants and toddlers and their families to guide the development of the strategic plan. The focus was in three main areas: (1) state and federal programs, (2) community-based needs assessments, and (3) professional development and training needs. Regional forums and focus groups were held across the state to survey parents and providers about their knowledge of available services and supports, barriers to assessing services and supports, and visions of ideal service delivery for infants and toddlers. The data gathering stage culminated with a comprehensive report, *The Current Status of Services and Supports for Infants and Toddlers and Their Families in Massachusetts*.[39]

As one of its major data-gathering tasks, the Initiative also surveyed approximately 600 providers from across the many agencies and organizations that serve infants and toddlers and their families and analyzed training needs across program types and disciplines. Many similarities in training and professional development needs emerged. Staff requested opportunities for more family-focused, hands-on training; more interaction with peers and staff from related fields; and in-depth, integrated and multidisciplinary training. As a result of this information and the need for cross-system coordination, Initiative members undertook three related activities. First, the Initiative is sponsoring three cross-systems training sessions, to be held in different areas of the state, for professionals working with infants, toddlers, and their families in the fields of health, child care, Early Head Start, early intervention, home visiting, parent education, and family support. The goals of the sessions are to model cross-system training, provide information and resources about cross-system work, and encourage future collaboration and partnerships to better serve children and families. No one system will have more than 40 percent of the total number of participants. The training sessions will include an evaluation component.

In a second activity, the Initiative also has recently received a grant to address workforce development. One issue identified in the needs assessment was the critical shortage in qualified staff across all of the service systems working with infants and toddlers. The goal of the workforce development project is to promote linkages between the various recruitment, retention, and professional development efforts taking place in Massachusetts in each of the disciplines related to care and support for babies and their families. The project will also develop a blueprint of a comprehensive training and education system for staff working with infants and toddlers. The Initiative plans to involve and collaborate with new partners, including members of the business community.

Third, the Initiative was a partner in the development of an Early Care and Education Leadership Institute for the New England States (federal region 1). Sponsors of the Institute included the Administration for Children and Families of the U.S. Department of Health and Human Services, the New England Head Start Association, the University Partnership for Infant Toddler Professionals (made up of medical institutions and institutions of higher education), the Massachusetts Executive Office of Health and Human Services, and the Office of Child Care Services. The Institute offers one-year training to interdisciplinary teams of five service providers from ten communities throughout the New England region. Disciplines on the team include Early Head Start and Head Start, child care, health care, mental health care, social services, early intervention, family support, home visiting, and education. These teams will attend three two-day conferences. The goal of the Institute is to promote interdisciplinary leadership at the community level. Teams will develop a collaborative project to best meet the needs of their community.

The Initiative members continue to identify opportunities to promote cross-system training and leadership and

A Framework for Initiatives Addressing the Needs of Infants and Toddlers in the Context of Welfare Reform

- Enhance the basic quality of child care for infants and toddlers throughout the community
- Pay attention to nonprofessionals caring for babies
- Build multi-disciplinary, communitywide systems of care for infants and toddlers and their families, based on communities' existing resources
- Develop programs to address the multiple needs of families with babies beyond enhancing parenting skills
- Use TANF funding to support services for infants and toddlers in families receiving, transitioning from, or trying to avoid the need for cash assistance
- Create partnerships across systems and auspices

to address the identified needs for improved services for infants and toddlers in Massachusetts' communities.

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Implications and Conclusions

As a result of welfare reform, programs and initiatives geared towards providing child care and enhancing the growth and development of babies and their families are operating in an increasingly complicated world. Exact implications of welfare reform vary from state to state and community to community, but welfare policymakers and administrators are finding themselves with higher proportions of hard-to-serve families with babies as other families have left the caseloads. The programs and initiatives described in this issue brief highlight some important ways to begin addressing these issues.

Enhance the basic quality of child care for infants and toddlers throughout the community.

Across the country, there is a deep need to enhance the quality of infant and toddler child care through increased regulation, monitoring, and training for all regulated settings. The California infant-toddler initiative is one example of an effort to address these issues comprehensively through training and support. Local child care markets are unique; efforts to improve quality appear to be most promising when they build upon local structures and a careful assessment of community needs.

Pay attention to nonprofessionals caring for babies.

Paying attention to regulated child care settings alone does not address the needs of the majority of babies, who are cared for by family, friends, and neighbors, often in unregulated settings. Low-income families are even more likely to use these forms of care. Efforts to reach out to these caregivers and to provide them with supports are also needed. They should have opportunities to explore economic opportunities in the fields working with infants and toddlers, with an understanding that some of these caregivers will not choose these options. The Informal Child Care Project and the Circles of Caring Initiative are examples of programs that reach out to these caregivers, mindful of their individual needs and of the needs of the communities in which they live.

Build multidisciplinary, community-wide systems of care for infants and toddlers and their families, based on communities' existing resources.

The Massachusetts Infant-Toddler Initiative is an example of an ambitious approach to building across systems of professionals and disciplines to develop community-wide systems of care, moving beyond child care alone. These approaches can take into account the unique needs of infants, toddlers, and their families, and the related unique needs of professionals and systems.

Develop programs to address the multiple needs of families with babies beyond enhancing parenting skills.

Many families participating in early childhood programs and home-visiting programs are working or are receiving cash assistance. They have needs that are often beyond the major program focus for these programs—enhancing parenting skills. The MIHOW program description illustrates how one program assessed the potential impact of welfare reform on its participants and

paraprofessionals. The Pittsburgh Early Head Start program and Friends of the Family describe opportunities and challenges brought about by welfare changes.

Use TANF funding to support services for infants and toddlers in families receiving, transitioning from, or trying to avoid the need for cash assistance.

Many states and communities are experiencing a surplus in TANF funds as a result of the drop in caseloads for families with infants and toddlers. Hamilton County, Ohio, provides one example of how these funds can be used to address the needs of infants and toddlers and their families who are potentially affected by welfare reform.

However promising these beginnings, significant challenges remain. A major gap continues to exist between programs aimed at bringing parents into the workforce and those with the goal of enhancing babies' growth and development. At times, even when program goals do not necessarily conflict, the initiatives' philosophies and approaches do. These differences can be reflected in different perceptions of barriers and opportunities and in the terminology used, making communication between staff in each area difficult at times.

Finally, welfare changes have added pressures on families and consequently on service delivery programs that were not initially designed with the understanding that many participants would be working in low-wage jobs or would soon be required to work. To address their participants' changing needs, who are at times facing significant new sources of stress, these programs need to adapt their approaches and/or add to their core services. However, many early childhood and other programs have not received enhanced funding, even though the needs of their participants call for approaches that require more resources. They must make decisions about whether to continue their programs as they stand or with minimum levels of adaptations, or to risk diluting the services and supports by branching out. In some cases, there may be an opportunity to expand services appropriately with additional funds through TANF or through other state surpluses that have resulted from several years of robust state economies.

As states and communities strive to meet the critical needs of infants and toddlers and their families, it is clear that linked initiatives are essential. By framing broad strategies that engage all relevant parties—families, caregivers, health professionals, employers, program administrators, legislators, and educators—states and communities will be able to implement programs that meet immediate and future needs and ensure the healthy growth and development of infants and toddlers.

Endnotes

1. Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York, NY: Families and Work Institute.

See also: Kotulak, R. (1996). *Inside the brain: Revolutionary discoveries of how the mind works*. Kansas City, MO: Andrews and McNeel.

2. Federal law requires that TANF recipients become employed within 24 months of receiving assistance; states may lower this time limit and may also require mothers of infants under age one to participate in work activities. See discussion under "Larger Policy Context," section 3. For a detailed discussion, see also Greenberg, M., & Savner, S. (1999). *The final TANF regulations: A preliminary analysis*. Washington, DC: Center for Law and Social Policy.

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4. Unpublished analysis of U.S. Bureau of the Census, Current Population Survey (CPS) data conducted by the National Center for Children in Poverty, 1999.

5. Children in families with incomes between 100 and 185 percent of the federal poverty line are considered near poor because they are served by a number of government assistance programs for low-income people—such as Medicaid, the School Lunch and School Breakfast programs, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—that use 185 percent of the poverty line as the upper limit to determine eligibility.

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7. For more information, see Knitzer, J. (2000). *Promoting resilience among the most stressed young children and families: Toward more responsive welfare-linked policies and programs* (Children and Welfare Reform Issue Brief No. 8). New York, NY: National Center for Children in Poverty, Columbia University, Joseph L. Mailman School of Public Health.

8. Cost, Quality, and Outcomes Team. (1995). *Cost, quality, and child outcomes in child care centers. Public report, 2nd ed.* Denver, CO: University of Colorado at Denver, Economics Department.

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9. This new fund combined funds from the former Aid to Families with Dependent Children (AFDC), Child Care and Transitional and At-Risk child care programs into one funding stream and integrated these into the Child Care and Development Block Grant.

10. The supply of regulated care for babies may actually be declining in many communities, attributable in part to the higher cost

and labor-intensiveness of providing such care, coupled with a perceived inadequacy of reimbursement rates for providers. Infant-toddler programs cost significantly more per "child-hour" than services for older children. See Cost, Quality, and Outcomes Team (1995) in endnote 8.

11. For some examples of uses of CCDF to improve and expand infant and toddler child care, please see Guidance: Examples of Quality Expansion Activities, on the U.S. Child Care Bureau Website: http://www.acf.dhhs.gov/ programs/ccb/policy/qualit1.htm.

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26. See Knitzer (2000) in endnote 7.

27. Larner, M.; Terman, D. L.; & Behrman, R. E. (1997). Welfare to work: Analysis and recommendations. *The Future of Children*, 7(1), pp. 4–19.

28. Twenty percent of a state's cases may be exempted from this requirement.

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31. One such initiative is Starting Points, a grant program open to states or cities that grew out of the 1994 report of the Carnegie Task Force on Meeting the Needs of Young Children, which called for an action agenda to help the nation's young children and their families. The report, *Starting Points: Meeting the needs of our youngest children*, is published by the Carnegie Foundation of New York. The program promotes the report's recommendations by engaging state and community leaders, tracking the state's or city's progress in meeting the needs of families with young children, and improving public- and private-sector policies. In 1996, 14 grants were awarded, eight to states, four to cities, and two to city/state partnerships. The grant network, which supports innovative collaborations between public and private agencies in low-income areas, also monitors the effects of federal policy changes on various states and localities.

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